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CERTIFICATE OF TRANSMISSION

Date of Transmission:

I hereby certify that the following correspondence is being facsimile transmitted to the attention of the Director of the US Patent and Trademark Office on the above date via the following facsimile number: .

Response to Notice of Non-Compliant Amendment with 37 C.F.R. 1.121 (2 sheets)

Reply to Office Action (52 sheets)

Fee Transmittal Form (PTO/SB/17) (1 sheet)

Credit Card Payment Form (PTO-2038) (1 sheet)

Application Number 09/923,078
Confirmation No.: 1751
Filing Date: 06 August 2001
Document Submission Date:

Art Unit: 2611
Examiner: Yimam, Harun M.
Inventor: Basso, Andrea

Docket: 1999-0748CON-1 (1014-216)

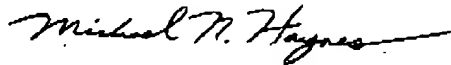
Pages: 57

07 Jul 2006

Date

Michael N. Haynes

Name of Certifier



Signature of Certifier

PATENT

Application # 09/923,078

Attorney Docket # 1999-0748-CON-1 (1014-216)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Andrea Basso
Application # : 09/923,078
Confirmation # : 1751
Filed : 6 August 2001
Application Title : Network Based Replay Portal
Art Unit # : 2611
Latest Examiner : Yimam, Harun M.

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**RESPONSE TO NOTICE OF NON-COMPLIANT
AMENDMENT WITH 37 C.F.R. 1.121**

In reply to the Notice of Non-Compliant Amendment with 37 C.F.R. 1.121, mailed on 1 June 2006, the period for response having been extended herein to 1 August 2006 by payment of the requisite fee for a Petition for Extension of Time under 37 C.F.R. 1.136(a), please find attached herewith a corrected Reply to Office Action.

PATENT

Application # 09/923,078

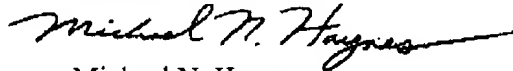
Attorney Docket # 1999-0748-CON-1 (1014-216)

CONCLUSION

The Office is hereby authorized to charge any additional fees or credit any overpayments under 37 C.F.R. 1.16 or 1.17 to Deposit Account No. 50-2504. The Examiner is invited to contact the undersigned at 434-972-9988 to discuss any matter regarding this application.

Respectfully submitted,

Michael Haynes PLC



Michael N. Haynes
Registration No. 40,014

Date: 5 July 2006

1341 Huntersfield Close
Keswick, VA 22947
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PTO/98/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 09/923,078 Filing Date 08 August 2001 First Named Inventor Basso, Andrea Examiner Name Yimam, Harun M. Art Unit 2811 Attorney Docket No. 1999-0748CON-1 (1014-216)	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 120.00			

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METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-2504 Deposit Account Name: Michael N. Haynes

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____
 - 20 or HP = 0 x 50 = 0
 HP = highest number of total claims paid for, if greater than 20

Indep. Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____
 - 3 or HP = 0 x 200 = 0
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	250	0

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification: \$130 fee (no small entity discount)	0
Other: First Month Extension	120

SUBMITTED BY

Signature	<i>Michael N. Haynes</i>	Registration No. (Attorney/Agent)	40,014	Telephone	434-972-9988
Name (Print/Type)	Michael N. Haynes			Date	07 Jul 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

87/10/2006 MBINAS 00000010 09923078

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